



City of College Station
Taxicab Service License Application



Name of Company: _____

Address of Company: _____

Phone Number of Company: _____

This Taxicab Service is owned in one of the following manners:

() Sole Proprietorship () Corporation () Partnership

Please complete the section that applies. Be sure all information requested is completed.

Sole Proprietorship

Name of Owner: _____

Corporation

Major Officers of Corporation:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Major Stockholders:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Partnership

Name of Partners

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

The applicant(s) listed on this application have not been finally convicted of any felony or other offense involving moral turpitude within the past ten (10) years which would adversely affect the applicant's ability to provide safe and reliable passenger transportation. I further state that all information provided in this application is true and correct. I have provided a copy of my (applicant) criminal history record as required by the city.

Applicant's Signature

Sworn and subscribed on this _____ day of _____, 20____

Notary Public, State of Texas

Commission Expires

License Number _____

Issued By _____

Date Issued _____